

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Health and Recovery Services Administration
Olympia, Washington

To: Pharmacists
All Prescribers
Nursing Home Administrators
Managed Care Plans

Memorandum No: 05-107 MAA
Issued: December 13, 2005

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information call:
1-800-562-3022 or go to
<http://maa.dshs.wa.gov/pharmacy/>

Subject: Prescription Drug Program: Additions to Expedited Prior Authorization Codes and Criteria and Changes to Washington Preferred Drug List

Effective for claims with dates of service on and after January 1, 2006, except as otherwise noted, the Health and Recovery Services Administration (HRSA) will implement the following changes:

- Additions to Expedited Prior Authorization (EPA) Codes and Criteria
- Changes to the Washington Preferred Drug List (PDL).

Additions to Expedited Prior Authorization Codes and Criteria

Effective the week of January 1, 2006:

Drug	Code	Criteria
Neurontin® (<i>gabapentin</i>)	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
Toprol XL® (<i>metoprolol succinate</i>)	057	Diagnosis of congestive heart failure.

Therapeutic Drug Class changes to be implemented as part of the Washington PDL

Effective the week of January 1, 2006, pindolol and propranolol ER change to nonpreferred, and Toprol XL is referred for patients with congestive heart failure with the EPA code and criteria listed above.

Therapeutic Drug Class	Preferred Drugs	Nonpreferred Drugs
Beta Blockers	<p>Generic: atenolol metoprolol tartrate nadolol propranolol timolol</p> <p>Brand: Coreg® (<i>carvedilol</i>) ** Toprol XL® (<i>metoprolol succinate</i>) **</p> <p>**EPA required</p>	<p>Generic: acebutolol betaxolol bisoprolol labetalol pindolol propranolol ER</p> <p>Brand: Blocadren® (<i>timolol</i>) Cartrol® (<i>carteolol</i>) Corgard® (<i>nadolol</i>) Inderal® / LA® (<i>propranolol/ER</i>) Innopran XL® (<i>propranolol ER</i>) Kerlone® (<i>betaxolol</i>) Levatol® (<i>penbutolol</i>) Lopressor® (<i>metoprolol</i>) Normodyne® (<i>labetalol</i>) Sectral® (<i>acebutolol</i>) Tenormin® (<i>atenolol</i>) Trandate® (<i>labetalol</i>) Visken® (<i>pindolol</i>) Zebeta® (<i>bisoprolol</i>)</p>

Billing Instructions Replacement Pages

Attached are replacement pages H.13 – H.14, and H.19 – H.20 of the EPA List and N.1 – N.2 of Washington's PDL in HRSA's current *Prescription Drug Program Billing Instructions*.

How do I conduct business electronically with Washington State Medicaid?

You may conduct business electronically with HRSA by accessing WAMedWeb; go to:
<http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Prescription Drug Program

Drug	Code	Criteria
Kytril® (<i>granisetron HCl</i>)	127	Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.
	128	Prevention of nausea or vomiting associated with radiation therapy.
Lamisil® (<i>terbinafine HCl</i>)		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Levorphanol	040	Diagnosis of cancer-related pain.
Lotrel® (<i>amlodipine-besylate/benazepril</i>)	038	Treatment of hypertension as a second-line agent when blood pressure is not controlled by any:
	a)	ACE inhibitor alone; <u>or</u>
	b)	Calcium channel blocker alone; <u>or</u>
	c)	ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.
Lunesta™ (<i>eszopiclone</i>)	006	Short-term treatment of insomnia. Therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.
Lyrica® (<i>pregabalin</i>)	035	Treatment of diabetic neuropathic neuralgia.
		Treatment of seizures.
		Treatment of diabetic peripheral neuropathy.
Metadate CD® (<i>methylphenidate HCl</i>)		See criteria for Concerta®.
Miralax® (<i>polyethylene glycol</i>)		See criteria for Glycolax Powder®.
Naltrexone		See criteria for ReVia®.

Drug	Code	Criteria
Nephrocaps[®]	096	Treatment of patients with renal disease.
Nephro-FER[®] (<i>ferrous fumarate/folic acid</i>) Nephro-Vite[®] (<i>vitamin B comp W-C</i>) Nephro-Vite RX[®] (<i>folic acid/vitamin B comp W-C</i>) Nephro-Vite+FE[®] (<i>fe fumarate/FA/vitamin B comp W-C</i>) Nephron FA[®] (<i>fe fumarate/doss/FA/B comp & C</i>)		
Neurontin[®] (<i>gabapentin</i>)	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	141	An absence of a history of ulcer or gastrointestinal bleeding.
Ansaid[®] (<i>flurbiprofen</i>). Arthrotec[®] (<i>diclofenac/misoprostol</i>) Bextra[®] (<i>valdecoxib</i>) Cataflam[®] (<i>diclofenac</i>) Clinoril[®] (<i>sulindac</i>) Daypro[®] (<i>oxaprozin</i>) Feldene[®] (<i>piroxicam</i>) Ibuprofen Indomethacin Lodine[®], Lodine XL[®] (<i>etodolac</i>) Meclofenamate Mobic[®] (<i>meloxicam</i>) Nalfon[®] (<i>fenoprofen</i>) Naprelan[®], Naprosyn[®] (<i>naproxen</i>) Orudis[®], Oruvail[®] (<i>ketoprofen</i>) Ponstel[®] (<i>mefenamic acid</i>) Relafen[®] (<i>nabumetone</i>) Tolectin[®] (<i>tolmetin</i>) Toradol[®] (<i>ketorolac</i>) Vicoprofen[®] (<i>ibuprofen/hydrocodone</i>) Voltaren[®] (<i>diclofenac</i>)		

Prescription Drug Program

Drug	Code	Criteria
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| | <p>d) Is not abusing alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics;</p> <p>e) Is not pregnant or nursing;</p> <p>f) Does not have a history of failing multiple previous opioid agonists treatments and multiple relapses;</p> <p>g) Does not have concomitant prescriptions of azole antifungal agents, macrolide antibiotics, protease inhibitors, phenobarbital, carbamazepine, phenytoin, and rifampin, unless dosage adjusted appropriately; and</p> <p>h) Is enrolled in a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610.</p> |
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Limitations:

- No more than 14-day supply may be dispensed at a time;
- Urine drug screens for benzodiazepines, amphetamine/methamphetamine, cocaine, methadone, opiates, and barbiturates must be done before each prescription is dispensed. ***The prescriber must fax the pharmacy with confirmation that the drug screen has been completed to release the next 14-day supply. The fax must be retained in the pharmacy for audit purposes;***
- Liver function tests must be monitored periodically to guard against buprenorphine-induced hepatic abnormalities; and
- Clients may receive up to 6 months of buprenorphine treatment for detoxification and stabilization.

Note: A Buprenorphine-Suboxone Authorization Form (DSHS 13-720) must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:** <http://www1.dshs.wa.gov/forms/eforms.html>

Symbyax[®] (olanzapine/ fluoxetine HCl)	048	All of the following must apply: <ul style="list-style-type: none"> a) Diagnosis of depression or episodes associated with bipolar disorder; and b) Patient is 18 years of age or older.
Talacen[®] (pentazocine HCl/ acetaminophen)	091	Patient is 18 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.
Talwin NX[®] (pentazocine/ naloxone)		

Prescription Drug Program

Drug	Code	Criteria
Toprol XL® (<i>metoprolol succinate</i>)	057	Diagnosis of congestive heart failure.
Topamax®/Topamax® Sprinkle (<i>topiramate</i>)	036	Treatment of Seizures.
	045	Migraine prophylaxis.
Vancomycin oral	069	Diagnosis of clostridium difficile toxin and the patient has failed to respond after 2 days of metronidazole treatment or the patient is intolerant to metronidazole.
Vitamin E	105	Confirmed diagnosis of tardive dyskinesia or is clinically necessary for Parkinsonism and all of the following:
		a) Caution is addressed for concurrent anticoagulant treatment; and
		b) Dosage does not exceed 3,000 IU per day.
Wellbutrin SR and XL® (<i>bupropion HCl</i>)	014	Treatment of depression.
Xopenex® (<i>levalbuterol HCl</i>)	044	All of the following must apply:
		a) Patient is 6 years of age or older; and
		b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and
		c) Must have tried and failed racemic generic albuterol; and
		d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.
Zelnorm® (<i>tegaserod hydrogen maleate</i>)	055	Treatment of constipation dominant Irritable Bowel Syndrome (IBS) in women when the patient has tried and failed at least two less costly alternatives.
	056	Chronic constipation when the patient has tried and failed at least two less costly alternatives.

Washington Preferred Drug List

What is the Washington Preferred Drug List?

MAA, in coordination with the Health Care Agency (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a selected therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness.

MAA requires pharmacies to obtain prior authorization for nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL).



Note: MAA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example, “Cardizem®/CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms of Cardizem. A hyphen (-) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorothiazide, rather than Benazepril AND the combination product.

Drug Class	Preferred Drugs	Nonpreferred Drugs
ACE Inhibitor	Generic: benazepril captopril enalapril lisinopril Brand: Altace® (<i>ramipril</i>)** **EPA required	Generic: Brand: Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Capoten® (<i>captopril</i>) Mavik® (<i>trandolapril</i>) Monopril® (<i>fosinopril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)

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